

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Kenji SAKANOUE et al.

Title:

DOOR DEVICE FOR VENDING

MACHINE

Appl. No.:

09/918,569

RECEIVED

Filing Date:

August 1, 2001

JUN 2 7 2003

Examiner:

N. Slack

GROUP 3600

Art Unit:

3635

AMENDMENT TRANSMITTAL

Mail Stop NON-FEE AMENDMENT Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450 RECEIVED

JUL 1 7 2003

Office of Patent Publication Director's Office

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Presen	3	Rate		Additional Claims Fee
Total Claims:	14	_	20	=	0	×	\$18.00	-	\$0.00
Independents:	3	_ `	3	=	0	×	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:					ims:	+	\$280.00	=	\$0.00
			·		(CLAIMS	FEE TOTAL:	_=_	\$0.00

^[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$110.00	\$0.00
11	Extension for response filed within the second month:	\$410.00	\$0.00
1 }	Extension for response filed within the third month:	\$930.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSION	N FEE TOTAL:	\$0.00
	CLAIMS AND EXTENSION	N FEE TOTAL:	\$0.00
[]	Small Entity Fees Apply (subtract	⅓ of above):	\$0.00
		TOTAL FEE:	\$0.00

- [] Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [] A check in the amount of \$0.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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ATTORNEY DOCKET NO. 035532-0107

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AMENDMENT AND REPLY UNDER 37 C.F.R. § 1.111

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Sir:

In reply to the Office Action mailed March 26, 2003, please amend the application as follows and consider the following remarks.

In the Claims:

Please cancel claims 15 and 16 without prejudice or disclaimer.